

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000635

**Entity Name:** RJKB FAMILY CHARITABLE FOUNDATION, INC.

**FILED**  
**Jan 31, 2019**  
**Secretary of State**  
**2474267897CC**

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD.  
SUITE 510  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4000 PONCE DE LEON BLVD.  
SUITE 510  
CORAL GABLES, FL 33146

**FEI Number: 20-5161254**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

YULMAN, E. RICHARD  
4000 PONCE DE LEON BLVD.  
SUITE 510  
CORAL GABLES, FL 33146 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DIR.  
Name            YULMAN, E. RICHARD  
Address        4000 PONCE DE LEON BLVD., SUITE  
                  510  
City-State-Zip: CORAL GABLES FL 33146

Title            D  
Name            WILLIAMSON, KATE Y  
Address        325 WEST END, APT 11D  
City-State-Zip: NEW YORK NY 10011

Title            D  
Name            TINSMON, ALAN  
Address        1780 GREEN BAY ROAD, SUITE 205  
City-State-Zip: HIGHLAND PARK IL 60035

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ALAN TINSMON**

**DIRECTOR**

**01/31/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date